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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

OK MF

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

OK MF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 8	TOTAL CLAIMS 22.5	INDEPENDENT CLAIMS 34
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials MF				

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## TITLE

SHIELDED ENCAPSULATED VACUUM INTERRUPTER

FILING FEE  RECEIVED 1503	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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		<input type="checkbox"/> 1.18 Fees ( Issue )
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